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*Federation of Catholic
Physicians' Guilds*



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In this Issue

TWENTY-FIVE YEARS OF CATHOLIC ACTION

An Editorial—John J. Flanagan, S.J. 38

IN THE MEMORY OF MAN

25 Years with The Federation of Catholic Physicians' Guilds 39

FEDERATION EXECUTIVE BOARD MEETING

. 43

LOOKING FORWARD Father Ignatius Cox, S.J.

44

GREETINGS Alphonse M. Schwitalla, S.J.

45

ROLL OF HONOR

: : 46

ROLL CALL OF CATHOLIC PHYSICIANS' GUILDS

47

WHAT IS A CATHOLIC PHYSICIANS' GUILD?

52

FEDERATION MILESTONES

Message from Rt. Rev. Msgr. D. A. McGowan . 54

THE SILVER JUBILEE

Daniel A. Mulvihill, M.D. 55

INVITATION TO THE LADIES

58

25th ANNIVERSARY

Message from Melvin F. Yeip, M.D., President 59

NARCISSE F. THIBERGE, M.D., Honorary President

60

THE THOMAS LINACRE AWARD

61

THE BURIAL OF FETUSES

Rev. Thomas E. Simons and James P. Quindlen, M.D. 62

DOCTOR'S DUTY TO SPEAK

T. Raber Taylor, A.B., LL.B. 67

BOOK REVIEW — Fundamental Marriage Counseling: A Catholic

Viewpoint. Review by John L. Thomas, S.J. 72



THE LINACRE QUARTERLY is the official journal of the Federation of Catholic Physicians' Guilds and appears February, May, August, and November. Manuscripts and news items should be directed to the Editor. Correspondence concerning advertising, subscriptions and other business matters should be addressed to the Executive Secretary, M. R. Kneifl.

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Twenty-five Years of Catholic Action

THE PERIOD through which the Catholic Church in America has been passing may well be called the Catholic Action era. It is one which has witnessed the development of many organizations of Catholic lay men and women. These have played an important part in the growth and understanding of the Church in America. It was only natural and logical that Catholic physicians should become a part of this great movement.

On the occasion of the Twenty-Fifth Anniversary of The Federation of Catholic Physicians' Guilds, it is a pleasure to review the status of Catholic Physicians' Guilds. Like so many good movements, the number of Guilds grew slowly and the Federation had its years of discouragement. It is quite evident, however, that the founders of the Guilds and the Federation had sound ideas and planned wisely.

When the Federation was established in 1932, there were only seven Guilds. Today there are sixty, scattered across the country from Vancouver to New York and from Minnesota to Puerto Rico. Guild members now number 4,300. Membership in individual Guilds ranges from twelve to six hundred. More than 1,000 physicians who do not belong to Guilds subscribe to *THE LINACRE QUARTERLY*, the Federation's official journal.

It is interesting to note that subscriptions to *THE LINACRE QUARTERLY* now total 8,500. This means that the Federation is now extending its influence beyond the ranks of Guild members; its journal goes to many seminaries, to hundreds of priests, to many Catholic hospitals and libraries, and to hundreds of individual Catholic physicians, many of whom are practicing in small towns and rural areas.

It is a pleasure to be able to congratulate Father Cox, Father Schwitalla, and Monsignor McGowan who as Moderators have led the Federation to this enviable position. We can never forget the work of the late Dr. Richard A. Rendich whose inspiration it was to organize Catholic Physicians' Guilds and ultimately the Federation, the late Dr. Joseph Dillon, and his wife, who now lives in New York City. Neither can we forget the work and devotion of scores of other Catholic physicians who faithfully supported the Federation through its years of struggle. We now enjoy the fruits of their labors.

John J. Flanagan, S.J.
Editor, THE LINACRE QUARTERLY

In the Memory of Man....

25 Years with The Federation of Catholic Physicians' Guilds

HISTORY is a most effective factor in shaping the present. A quarter of a century may not seem a large segment when dates and events are arrayed in sequence of time. But oftentimes antiquity in name is last to be sought and vitality of purpose is the renewing spirit to keep fast hold on the present. Thus may we speak of The Federation of Catholic Physicians' Guilds.

The organization, in a manner of speaking, emerged from the Spiritual Exercises of St. Ignatius. It was in 1927 that the late Dr. Richard A. Rendich, a prominent roentgenologist, made plans for the first Retreat of Brooklyn physicians. The credit is his for the arrangement of this retreat held at Mount Manresa Retreat House, out of which emerged the Guild movement. At an organization meeting Dr. Rendich was elected president. The "retreat group" rapidly changed into "The Guild." The transformation was a fundamental one. In reality, it was simply carrying over into the daily life of the physician, into his professional interests and attitudes and his philosophy of life, the thinking, the inspiration, and determination on the retreat meditation of the Kingdom of Christ.

Brooklyn led the way. In the next few years the spirit caught on; other groups in the area were formed, as well as in Boston and

the middle-west. By 1932 those dreaming of an organization of Catholic physicians who might put their scientific and professional standing solidly behind the defense and advocacy of Catholic moral and religious teaching united to found a national organization called The Federation of Catholic Physicians' Guilds. The number of groups has fluctuated through the years; the depression years and World War II took toll on promotion. But it survived.

Almost simultaneously with the foundation of the Federation, THE LINACRE QUARTERLY came into being as its official organ, under the inspiration of and splendid editing by Dr. Anthony Bassler of New York. Its name is symbolic of the aims of the Federation and was chosen by Dr. James J. Walsh whose erudite contributions to the journal in those early years lent high character to the publication. Thomas Linacre was the physician to Henry the Eighth. He founded the Royal College of Physicians and through it regulated the practice of medicine in England. He was looked upon as one of the great scholars of his day. Having become a priest in his later life, he united in himself the ideals of classical scholarship, scientific medicine, and practical Catholicism.

For a decade and a half, the Federation was under the able

guidance of Father Ignatius W. Cox, S.J., whose spirit kept it alive during the early years and inspired its leaders with hope that future Guilds would be formed to carry out the organization's objectives. A moving story could be written of the marvelous devotion and self-sacrifice of Dr. Joseph Dillon and his wife in contributing so much of their time to the work of the Federation and THE LINACRE QUARTERLY. And the effort of Mrs. Dillon in this same direction after her husband's death was a "labor of love" as she herself stated; her spirit of devotion to a cause she felt in keeping with service to the Great Physician was reflected in the many years she gave as Editor and Manager of THE LINACRE QUARTERLY and inspiration to those laying the foundations for the Federation to grow.

Gradually a few more Guilds were added to the roster. LINACRE QUARTERLY struggled in the land of the living through some dark days. Then, as now, material for publication was hard to secure. Kindly critics who clamored for an expanded publication never knew the inner story of how hard it was for both the Federation and the journal to survive. It was only the persistent and inspired effort of those we have mentioned before who are to be thanked for the organization that exists today.

By 1944, it was felt that if the Federation was to attain the objectives of its founders, it would be necessary for some agency to assume the responsibility for the business management and administration of the Federation and also

the editing and circulation of THE LINACRE QUARTERLY. Father Cox, burdened with other duties, was unable to continue as Moderator and rather than "abandon the ship" which he had done so much to guide on its early journeys, negotiated with the National Catholic Welfare Conference. An agreement was reached with that body after approval by its Administrative Board and request of The Catholic Hospital Association whereby Father Alphonse M. Schwitalla, S.J. would become Moderator of the Federation. Because of his position as Dean of St. Louis University Medical School and President of The Catholic Hospital Association, Father Schwitalla was an ideal choice for Moderator of the Federation and also Editor of THE LINACRE QUARTERLY, for both of which he was chosen by the Federation. The Executive Board of The Catholic Hospital Association expressed readiness to accept the responsibility for the business management and administration of the Federation and its journal in St. Louis, Missouri. Mr. M. R. Kneifl, Executive Secretary of the Association, in that capacity for the Federation ably assisted Father Schwitalla with the details of management.

The agreement between The Federation of Catholic Physicians' Guilds and The Catholic Hospital Association of the United States and Canada was finally signed August 3, 1945. The agreement in full was published in THE LINACRE QUARTERLY, No. 2, Vol. XIII, 1945.

Father Schwitalla, Mr. Kneifl, and staff members of The Catholic Hospital Association carried on the business functions of the Federation and published LINACRE QUARTERLY until April 1948. At that time for reasons of health Father Schwitalla was forced to resign his duties and the work of the Moderator was transferred to Father Donald A. McGowan, Director of Health and Hospitals, National Catholic Welfare Conference, Washington, D. C. Father John J. Flanagan, S.J., who succeeded Father Schwitalla as Executive Director of The Catholic Hospital Association, became Acting Editor of THE LINACRE QUARTERLY.

The central office for the Federation remained at 1438 South Grand Boulevard in St. Louis, and now concerted effort could be exerted to promote formation of more Guilds. From eleven in 1948 the total has grown in 1957 to sixty; the geographical span is from Vancouver, British Columbia to New York and from Minnesota to Puerto Rico. More than 4,300 Catholic physicians and a small number of dentists and pharmacists are members. The central office sends out organizational material on request and assists with formation of Guilds. Inquiries come from readers of LINACRE QUARTERLY and from recommendation of members of existing Guilds.

To strengthen the national organization, the Executive Board meeting comprised of the officers of the Federation and one representative from each constituent

Guild, had convened in conjunction with the annual American Medical Association convention. It was soon evident, with the growth in number of Guilds, that brevity of time precluded the transaction of business during those sessions and for the past five years a second meeting of the Board has been held in the winter to afford more opportunity for discussion of an ever enlarging agenda. THE LINACRE QUARTERLY reports the deliberations of these meetings.

With spiritual motivation the keynote of all activities, the Federation sponsors the observance of the "White Mass" to honor St. Luke, Patron of Physicians, on his Feast Day, October 18. The Guilds arrange for the Mass in hospital chapels, parish churches, Cathedrals, and even, last year, at the Tokyo International Airport chapel, Japan.

Besides the Executive Board meeting held during the A.M.A. sessions, the Federation is now among the many exhibitors who engage booths for the convention. The impact of such a project can exercise a positive influence on this powerful group of professional men. For the first time in 1956, members of various Guilds were on hand at the Chicago sessions to talk with visitors regarding medico-moral problems in the light of Catholic teaching. Literature was distributed along with copies of THE LINACRE QUARTERLY. Non-Catholic physicians in large numbers were attracted to the booth; much interest was evinced on the part of Catholic medical men in

the activities of Guilds and the Federation. This is to be a continuing project.

Reports of activities of the constituent Guilds are mailed to the central office and are a matter of record. This is a point of discussion on the agenda of the Federation Board meetings. Projects vary with locality. Autonomy is reserved to the individual groups, making for a flexible functioning. Always, the purpose is to bring spiritual counsel and moral guidance to the physician member so that he may be a more deeply religious man and a better Catholic in his daily practice of medicine.

In such a writing as this, only the national aspect can be discussed. It is for each Guild to examine its own record and to see wherein it has contributed to the general welfare.

THE LINACRE QUARTERLY, of course, provides the lasting memorial of its parent, the Federation of Catholic Physicians' Guilds. Its pages have revealed the needs of the times when medicine should have become a useful ally to those causes needing a valiant champion, in those early days when the Catholic Church alone had the coordinated body of moral and religious truths capable of saving the science of medicine from an abuse

of science. Father Cox, Dr. Bassler and Dr. Dillon in their great wisdom worked assiduously to publish material to keep their subscribers informed of Catholic principles as applied to the needs of their times. Without their solicitude and the inspiration of Dr. Rendich who has the admiration and respect of all for his magnificent vision that established the Brooklyn Guild and paved the way for the Federation, there would be no occasion for this present writing.

Rather than have history repeat itself, it is the feeling at this quarter-century mark, that the Divine Physician is a vigorous motive for the Catholic medical man of today to pursue his Christ-like work of mercy and of professional competence, idealism, and self-forgetfulness. Christ could never have identified the work of the physician with medical economics or medical politics or medico-legal legislation; for Christ, the work of the physician has been first and foremost, a personal, competent service to the sick. And with the foundation well laid for the Catholic Physicians' Guild movement, another twenty-five years can well record a meeting of the challenges Catholic men in medicine have met in the light of their religious convictions.

— J. R.

Federation Executive Board Meeting Scheduled

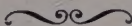
The Executive Board of The Federation of Catholic Physicians' Guilds will meet June 4, 1957, 8:00 p.m. at the Waldorf-Astoria Hotel, New York City.

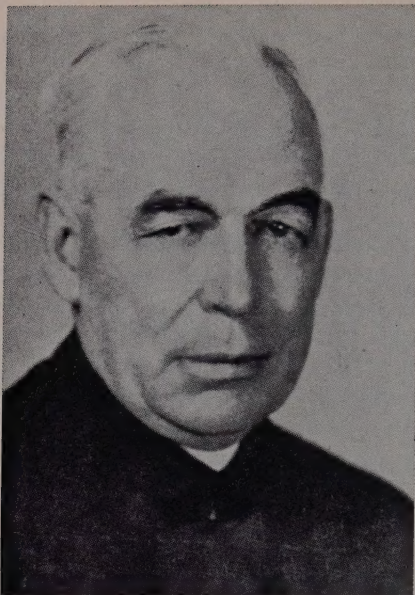
The Officers of the Federation and one delegate from each active constituent Guild constituting the Board will conduct business.

Election of Officers will take place.

This meeting is usually scheduled for Wednesday morning during the A.M.A. convention. This year that time will be for the Federation Jubilee Mass, 9:00 a.m., at St. Patrick's Cathedral.

The Dinner at the Waldorf-Astoria Hotel to observe the 25th Anniversary, supplants the luncheon meeting usually sponsored by the Federation. All Catholic physicians, their wives, and friends are cordially invited to attend. Reservations, \$15.00 per person; includes reception, dinner, dancing, and gratuities.





Looking Forward

with Father Ignatius Cox, S.J.
Moderator of the Federation,
1932-1945

Greetings to the Federation of Catholic Physicians' Guilds on its Silver Jubilee!

My memory goes back to 1932 when we formed the Federation. At its origin, there were at most six or seven Guilds. Vivid memories are present of how hard it was in the passing years to keep the Federation going and THE LINACRE QUARTERLY in existence.

The 60 active Guilds today with their 4,300 members and the 8,500 readers of the LINACRE are statistical evidence of the manifest and manifold blessings of God on this great work. Catholic physicians now have a strong national organization and

are a national voice. These are tremendously important for the part the Catholic Church in America is to play in the days before us.

There was a clear need in the beginning of the Federation. It was to form a powerful barrier of both science and Catholicism, against the loose morals and sex liberalism of the day. Those conditions are still with us.

May I suggest a paramount objective for the Federation in the twenty-five years to come. The Federation in the past has grown outwardly. But if it is to realize all its possibilities for God and country in the years which lie ahead, it must parallel its *outward* growth with an *interior* growth. This can only mean *growth in Christ*. Let it be the overall aim of the Federation as it journeys towards its Golden Jubilee to foster and favor activity by the Guilds which will bring about the intensification of the spiritual life of its individual members.

This is not easy. The Catholic physician has a vital place in the Mystical Body of Christ. There is a special sanctity that befits his vocation in the hierarchy of Christian activity. We will start the study of the elements of that specific sanctity here. We are thinking of days of recollection, conducted by a master, on the lines of that specific sanctity. Days of recollection thus conducted, together with the annual retreat, will lead to a knowledge and practice of a Catholic way of life *proper and specific* for him as a member of the Mystical Body of Christ.

If the individual Guilds under the leadership of the Federation make their *paramount* purpose the intensification of the spiritual life of their members, there will be no doubt about our achievement for Christ in the Catholic America which is dawning. The celebration of our Golden Jubilee will proclaim and radiate the glory of God.

Greetings from

Alphonse M. Schwitalla, S.J.
MODERATOR OF THE FEDERATION — 1945-1948

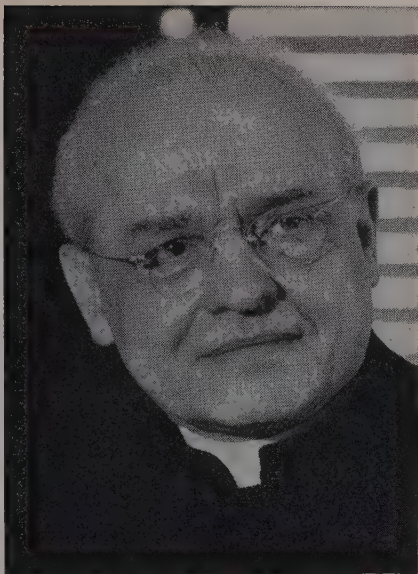
The two and a half decades which constitute the lifetime of the Federation of Catholic Physicians' Guilds are the apex of the science and art of medicine and of all the sciences and arts ancillary to medicine. Biochemistry and physiology, medical diagnostics, and therapeutics, immunology and epidemiology have all achieved peaks in their development and have risen to levels unexpected and unanticipated even though hoped and longed for. As a result, human interests on a large scale have widened and deepened. Death rates, morbidity rates have decreased; birth rates, life expectancies have almost unbelievably increased. Mortality rates for some diseases have all but reached zero; incidence rates for others have note-worthily decreased. And paralleling all this, medicine has relearned how to emphasize the dignity of the individual man and his uniqueness.

All this and more of the same kind of triumphs have demanded a deepening of medical responsibility of medical philosophy, ethics, sociology, and medical economics, so that the establishment of such associations as the Federation of Catholic Physicians' Guilds cannot but be regarded as the outgrowth at the very front-rank of medical progress. Father Cox twenty-five years ago, with a deep insight into the real world of medicine, seized upon the physician's responsibility as the most important of the responses of the individual doctor's cooperation with the general advance, just as so many others seized upon other phases — history, education, economics, and allied viewpoints. He did well. The physician is expected to extend himself, to raise his sights higher, to focus his gaze farther than at any other time in history. It is no casual coincidence that just at this time, during the four years, 1952 to 1955, His Holiness Pope Pius XII pronounced no fewer than 18 allocutions to medical groups in audience and no fewer than 19 other allocutions to other than medical groups in which there occurred passages emphasizing phases of responsibility closely related to medicine. In the course of these allocutions, pronouncements were made on many controversial points and authoritative answers were given to many disputed questions. Numerous as these allocutions are, so varied also are they in their themes, ranging from general considerations such as "Moral Values in the Service of the Sick" and "Medical Ethics and Law" to such particularized topics as "Psychotherapy and Religion" and "Moral and Psychological Problems in Poliomyelitis."

Another great development of the past quarter century is the foundation and formation of the World Health Organization and of the World Medical Organization. The international interests in medicine have reached a scope and an extent, at present, comparable, surely, to those achieved in no other period in the history of medicine.

All this and much more that might be mentioned is the area of interest of the Federation of Catholic Physicians' Guilds for it is all embraced in the concepts of "The Philosophy and Ethics of Medicine." The first quarter of a century might well be considered the area of planting; the second of reaping. The Guilds impact on medicine will be intensified and extended. The membership growth during the last five years has been little short of phenomenal. The future holds the promise of greater greatness but also of greater influence.

With congratulations to the officers and members goes the modest prophecy that the second quarter of the century will exceed the first in influence and achievement — for the betterment of mankind, physically and spiritually for the greater professional competence of our members, and all for the greater glory of God.



ROLL OF HONOR

Presidents who have served The Federation of Catholic Physicians' Guilds through two and a half decades.



*JOSEPH A. DILLON,
M.D.
1935-1939



*THOMAS M. BRENNAN,
M.D.
1939-1942



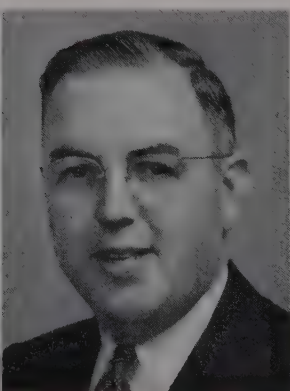
JOHN J. MASTERSON,
M.D.
1942-1947



*RICHARD A. RENDICH, M.D.
Organizer and First President
1931-1935



JOHN W. SPELLMAN,
M.D.
1947-1951



WILLIAM P. CHESTER,
M.D.
1951-1953



JOSEPH J. TOLAND, JR.,
M.D.
1953-1955

* Deceased

Roll Call

CATHOLIC PHYSICIANS' GUILDS

The listing below gives the name of the president and moderator of each Catholic Physicians' Guild affiliated with the Federation. These groups constitute the national organization. Representatives from each meet semi-annually to conduct the business affairs of the Federation. Officers are elected bi-annually.

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New Bedford

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REV. J. A. LEAHY, S.J.

Attention!

Physicians

Attending the A.M.A. Convention

The Coliseum, New York City — June 3 - 7

The Federation of Catholic Physicians' Guilds will again be an exhibitor at the A.M.A. convention at the Coliseum, New York City, June 3-7. The display generously provided by Mr. Thomas J. Mahon of the Homemakers' Products Corporation will again be used.

As was the case last year, the Booth will need staffing. Catholic physicians willing to give a few hours time to meet visitors during the five days of the convention are urged to write:

MELVIN F. YEIP, M.D.
President, F.C.P.G.
7431 Detroit Ave.
Cleveland 2, Ohio

Please advise the day and time you will be available. The Booth number is R-25. Be sure to visit the exhibit and bring others with you.

What is a Catholic Physicians' Guild?

SCANNING back copies of THE LINACRE QUARTERLY for interesting data to bring to this anniversary issue a full account of the Federation's history, a page from the June 1936 number bears reprinting . . . its application twenty years later attests to the continuing purpose of Catholic Physicians' Guilds.

The occasion was the 21st annual convention of The Catholic Hospital Association held in Baltimore, Maryland. We quote:

Among the hundreds of medical and nursing exhibit booths which covered more than two-thirds of the vast floor of the 5th Regiment Armory in Baltimore was a little booth over which was the simple title: "Federation of Catholic Physicians' Guilds." This booth was under the care of Drs. Joseph A. Dillon and Matthew Golden, who distributed there the literature of the Federation. Many were the names that were registered in the Federation's book and many were the inquiries about the work of the Federation. It would seem proper here to restate the aims and purposes of the various Guilds that have united in a Federation which is countrywide:

EXISTING GUILDS: Active guilds have been functioning for some years in various cities of the United States, the oldest of these in Chicago, Philadelphia, Boston, Brooklyn, Manhattan, Bronx and Rochester; all are affiliated with the Federated Catholic Physicians' Guilds. Other units are in the process of formation. Strong Catholic Physicians' Guilds have been active in England, France, Italy and other countries of Europe for many years. The work of the Guilds has been approved by His Holiness and the Hierarchy of the Church in this country. The Holy

Father has expressed the desire for the spread of this work.

PURPOSE: To promote moral principles in medical education and practice. The various guilds attain these objectives in the manner decided upon by their members. As an example of possible guild activities the following is taken from the Constitution of one of the active guilds:

- (a) To uphold and practice the principles of Catholic faith and morality, as related to the science and practice of medicine, and to condemn un-Christian and unscientific materialism.
- (b) To assist the Church and ecclesiastical authorities in the diffusion of the knowledge of Catholic medical ethics.
- (c) To form an organized resistance to irreligious and materialistic propaganda and legislation.
- (d) To encourage young Catholic men to study medicine and to assist them in college admission.
- (e) To assist Catholic institutions, particularly hospitals and medical missions.
- (f) To sustain Catholic hospitals in their enforcement of ethics and operative restrictions of The Catholic Hospital Association.

METHOD OF ORGANIZATION: A large and well developed organization is not necessary for guild activities. The primary object of the guild, the promotion of moral principles in medical education, may be attained by a small group.

Guilds have been formed by two methods:

- (a) By the Ordinary of the Diocese through the appointment of a spiritual director or physician to organize.
- (b) Through the initiative of one or more physicians who have assembled a small group for the forma-

tion of a chapter and then secured the approbation of the Ordinary of the Diocese.

In either event the physicians interested have appointed several of the group to serve as a membership committee. Experience has taught that personal contact is necessary to increase membership. A membership committee may be formed of two or three men from each hospital staff or medical society in the community. A small number of enthusiastic workers making personal contacts among their fellow physicians explaining the objects of the guild will produce the desired results.

ACTIVITIES: The most popular activity seems to be the evening meetings for the discussion of an ethical question pertaining to medicine. As a rule a speaker is invited to discuss a subject of medico-moral interest; a general discussion follows. Other activities immediately suggest themselves as soon as the organization has been completed. These vary depending upon the needs of the community in which the guild is situated. The following examples

are worthy of note: cooperation with the St. Vincent de Paul Society in the care of the sick poor; establishment of dispensaries in connection with the Diocesan Bureau of Charities; the formation of student guilds in medical schools; the publication of literature on subjects of medico-moral nature.

The guilds without exception have felt the need of at least one spiritual function during the year, usually in the form of corporate communion, evening or week-end retreats, etc.

The number of activities of the constituent Guilds has increased but the motivation has not changed. The 60 member groups comprise some 4,300 Catholic physicians, with a small percentage of dentists and pharmacists. A notable function sponsored by the Federation is the observance of the "White Mass" to honor St. Luke, Patron of Physicians, on his Feast Day, October 18.





Federation Milestones . . .

A greeting from
RT. REV. MSGR. DONALD
A. MCGOWAN
NATIONAL MODERATOR

Greetings and prayerful congratulations to the individual members who, working together, make up the Federation of Catholic Physicians' Guilds. The occasion for such a message is, happily, the twenty-fifth birthday of the Federation.

The story of everyone's life is punctuated by many milestones. Temporally, each individual's life recounts birthdays, anniversaries and other noteworthy events. Spiritually, life's most important milestones are the reception of the Sacra-

ments. The same chronological highlights mark the development of a Catholic organization.

On this occasion of our Silver Jubilee, we combine both the temporal and the spiritual. Our Mass, celebrated by His Eminence Francis Cardinal Spellman at St. Patrick's Cathedral, will emphasize the spiritual joy of the occasion. The temporal establishment of this great milestone in our history will take place in the Grand Ballroom of the Waldorf-Astoria Hotel where our banquet will be held. So do we pay tribute to man's soul and body which is the dedicated interest of every true Catholic physician. Indeed, it symbolizes Catholic psychosomatic medicine at its very best.

All of us connected with the work of the individual Guilds and the Federation can take a modest pride in the development of our "body" since its "baptism" twenty-five years ago.

Much has been accomplished and we would be remiss if we did not pay high tribute to the great pioneer moderators, Father Cox, S.J., and Father Schwitalla, S.J., and also to the long list of splendid presidents and officers who did so much to make our first twenty-five years successful. If I were to mention one of the many important achievements of the Guilds, it would be the growing emphasis on the "White Mass" celebrated under the sponsorship of the Guilds throughout the nation on the Feast Day of St. Luke, "the Beloved Physician."

We would also like to take this occasion to express our deep gratitude for the interest and support of the Hierarchy in our work.

The accomplishments of the past twenty-five years have been gratifying but there is still much to be done. May we all fervently pray that our past performance is but a promise of greater things to come.

Foremost in our minds during the Silver Jubilee celebration should be the purposes of our organization:

1. To uphold the principles of Catholic faith and morality as related to the science and practice of medicine.
2. To assist the ecclesiastical authorities in the diffusion of the knowledge of Catholic medical ethics.
3. To uphold Catholic hospitals in their enforcement of Catholic moral principles in medical practice.

I can think of no better ending for this message than to reverently borrow the words of His Holiness Pope Pius XII given in a special broadcast to the 7th International Congress of Catholic Doctors last summer at The Hague in The Netherlands, which meeting we were privileged to attend: "It remains for Us only to wish a happy development and full success to your work. Certainly you cannot attain your objectives in a few days, but you should certainly approach your goal and obtain without the least doubt the aid of the truth, the knowledge and the wisdom of God."

The Silver Jubilee

As announced in the February 1957 issue of *THE LINACRE QUARTERLY* the Silver Jubilee Committee of The Federation of Catholic Physicians' Guilds has been hard at work on all phases of the preparations for the Twenty-fifth Anniversary Mass, at St. Patrick's Cathedral, and the Silver Jubilee Banquet at the Waldorf-Astoria on Wednesday, June 5, during the A. M. A. Convention.

The working Committee under the chairmanship of Dr. Daniel A. Mulvihill, president of the New York Guild, is made up of representatives of all the Guilds in the greater New York area, including Brooklyn, Bronx, Westchester, Queens, and Nassau-Suffolk Guilds.

We are indebted to His Eminence, Francis Cardinal Spellman, Archbishop of New York, Honorary Chairman of the Silver Jubilee Committee. Rt. Rev. Monsignor John J. O'Donnell, P.A., Executive Director of the Alfred E. Smith Foundation, has generously provided very adequate office facilities for the Committee in the quarters of the Alfred E. Smith Foundation, 453 Madison Avenue, New York.

Some 6,000 individual invitations have been mailed to Guild members and other Catholic physicians throughout the United States and Canada. More than 1,000 announcements have been mailed to the Catholic hospitals of the United States and Canada. In the tremendous amount of work involved the Committee has been assisted by many volunteers to whom we are most grateful for their diligent effort to effect the many details such an occasion demands.

As a result of these endeavors requests for ticket and table reservations are now being received in ever increasing volume. Reservations for tables of ten and groups of tables are being made by Guilds, hospital staffs, and medical school alumni groups.

The response on the part of Catholic hospitals throughout the country to our requests for cooperation has been splendid and most heartening. Sponsor contributions are received daily. The names of these hospitals will appear in the Souvenir Program. This is a wonderful gesture of support and goodwill to the Federation to which so many of their Catholic staff members belong.

As previously announced, the Twenty-fifth Anniversary Mass will be celebrated on Wednesday, June 5, at 9:00 a.m. at St. Patrick's Cathedral by His Eminence Francis Cardinal Spellman, Archbishop of New York. The sermon will be preached by Reverend Ignatius Cox, S.J., first Moderator of the Federation of Catholic Physicians' Guilds.

The Silver Jubilee Banquet will take place in the Grand Ballroom of the Waldorf-Astoria Hotel at 7:30 in the evening. Formal dress is required. The Banquet will be preceded by a reception at 6:30 p.m.

His Eminence Cardinal Spellman will preside on the dais and give the invocation. The guest speaker will be the Honorable Carlos P. Romulo, Philippine Ambassador to the United States, and Philippine Delegate to the Security Council of the United Nations.

Among other program plans will be the first *Thomas Linacre Award* presentation. A chalice inscribed in honor of the Federation Moderators will be presented to the Foreign Missions. The General Practitioner of the Year — Catholic physician, Dr. Edward M. Gans of Harlowton, Montana — will be honored. The past presidents of the Federation will be presented with honor scrolls.

Music during dinner will be provided by the Stanley Melba Cotillion Room Orchestra of the Hotel Pierre. This is one of the finest and most popular musical organizations in New York. The same orchestra has been engaged for after-dinner dancing which will continue until 1:00 a.m.

Every effort is being exerted by the Committee to assure an outstanding observance of the Twenty-fifth Anniversary of the Federation of Catholic Physicians' Guilds. The Mass will denote the spiritual aims of the Guilds and the evening's festivities will be an enjoyable climax to the Silver Jubilee. June 5, 1957 will be a memorable day.

Acknowledgments

The Chairman and members of the Silver Jubilee Committee on behalf of the entire membership of the Federation wish to make preliminary acknowledgment at this time, and to express sincere thanks and deep appreciation to those who by their expressions of support and goodwill are making possible and assuring the success of the celebration.

First and foremost to His Eminence, Francis Cardinal Spellman, Archbishop of New York, Honorary Chairman of the Silver Jubilee Committee, under whose distinguished patronage the events of June 5 will take place, our thanks and appreciation for his encouragement, support and ever-present cooperation.

To all the members of the Honorary Committee, both clergy and lay members, for their efforts in support of our objective.

To Rt. Rev. Msgr. John J. O'Donnell, Executive Director of the Alfred E. Smith Foundation, New York, for his unlimited personal assistance and experienced guidance of the Committee in all of its planning and affording the use of the offices, facilities and organization of the Alfred E. Smith Foundation as New York headquarters.

To Mr. John Kelly and all the officers and employees of Kelly-Nason, Inc., New York, for their assistance in the preparation of printing and publicity.

To Mr. Thomas Mahon, president; Mr. J. B. Neun, treasurer; the Board of Directors and employees of the Diaparene Co. and its parent organization, Homemakers Products, Inc., New York, for their assistance in the planning, early financing, and continued encouragement in all the details of preparation.

To Pfizer Laboratories, Division of Charles Pfizer & Co., Inc., Brooklyn, New York — and

To The Mead-Johnson Company of Evansville, Indiana, for their financial contributions.

And, finally, to all of the Catholic hospitals throughout the United States and Canada who are manifesting their support and goodwill to the Catholic Physicians' Guilds in many ways, as well as contributing to the Sponsors' list for the Silver Jubilee Celebration.

DANIEL A. MULVIHILL, M.D.
Chairman, Silver Jubilee Committee



Invitation to the Ladies.....

New York State is honored to serve as host to the American Medical Association and its Women's Auxiliary, the latter, the parent body of all State and County Auxiliaries.

Headquarters for the Auxiliary's meeting will be the Hotel Roosevelt at Madison Avenue and 45th Street, New York City, from June 3 to 7, 1957. The Roosevelt is within walking distance of the Waldorf-Astoria Hotel where the A.M.A. House of Delegates meetings are held, and the proximity to Fifth Avenue and Madison Avenue Shops, theatres, and other points of interest makes the location of headquarters ideal.

Registration will open on Sunday, June 2, 11:30 a.m. to 4:00 p.m. and continue through Thursday. On Monday, the 3rd, and Wednesday afternoon, the 5th, there will be Round Table discussions of interest and educational value to all physicians' wives. Members and guests are cordially invited.

SOCIAL ACTIVITIES include:

Monday, the 3rd — a Tea, honoring the president and president-elect.

Tuesday, the 4th — Luncheon in honor of the national past-president at which Dr. Howard Rusk, director of the Institute of Physical Medicine and Rehabilitation of the N. Y. U. Bellevue Medical Center, will be the guest speaker. Internationally known and an excellent speaker, Dr. Rusk needs no introduction.

Wednesday, the 5th — Luncheon in honor of the national president and president-elect. Dr. Dwight H. Murray, president of the American Medical Association, will be guest speaker.

Thursday, the 6th — Annual dinner for Auxiliary members, husbands and guests at which the principal speaker will be Professor Allen Richard Foley of Dartmouth College.

It is hoped that the physicians' wives and guests attending the Silver Jubilee of the Federation of Catholic Physicians' Guilds will participate in the social activities of the Women's Auxiliary of the American Medical Association. Mrs. Harry F. Pohlmann of Middletown, New York, a past president of the Women's Auxiliary to the Medical Society of the State of New York and past chairman of several committees of the A.M.A. Auxiliary, has been named Convention chairman for this meeting by the national president, Mrs. Robert Flanders of Manchester, New Hampshire.

Sister Columcille, administrator of St. Clare's Hospital, 415 W. 51st Street, New York City and Sister Loretto Bernard, administrator of St. Vincent's Hospital, 12th Street and 7th Avenue, New York City, have extended a very warm and cordial invitation to the physicians, their wives and guests to visit and tour their respective hospitals.

CATHERINE C. KENNEDY (Mrs. Leo J.)
Physicians' Wives, Chairman
Silver Jubilee
The Federation of Catholic Physicians'
Guilds



25th Anniversary



MELVIN F. YEIP, M.D.
President

FEDERATION OF CATHOLIC PHYSICIANS' GUILDS

As we commemorate our twenty-five years, the Federation has a great many people to whom we owe our grateful thanks for their work on our behalf.

We are indebted to our founders, Father Ignatius W. Cox, S.J., and that small group of doctors, representing some six or seven Guilds, who were able to envision and organize on a national level a united voice of Catholic physicians. These men brought into existence our national organization which now numbers 60 constituent Guilds, with a membership of more than 4,300 Catholic physicians and a small number of dentists and pharmacists throughout the United States, Canada, and Puerto Rico.



We are grateful to all those outstanding men in Guilds who promoted the organization of these units and undertook the many tasks necessary to interest and enroll busy physicians into these centers of Catholic Action as it pertains to their chosen profession.

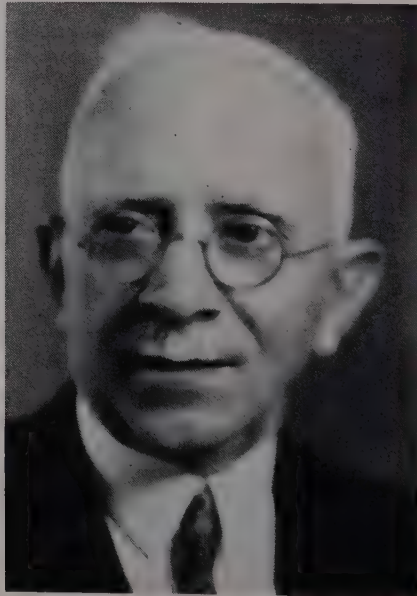
We are deeply obligated to those who followed Father Cox as national moderator. Father Alphonse M. Schwitalla, S.J., carried us through a period of reorganization which enabled us to have a central office where our activities could be correlated and our ideas could be disseminated through our own journal, *THE LINACRE QUARTERLY*, now reaching more than 8,500 readers. Father John J. Flanagan, S.J., took up this part of Father Schwitalla's task and through his editorship *LINACRE QUARTERLY* has become truly a "journal of the philosophy and ethics of medical practice," with widespread influence. Monsignor Donald A. McGowan, our present moderator, brought us into the National Catholic Welfare Conference. His diplomacy and friendly leadership have coordinated our activities with Catholic nurses and hospitals, assuring us of a permanent place in the direction of Catholic health activities.

Our gratitude abounds to those Priests and Monsignors who are spiritual advisors to our many Guilds. They have added the moral problems of medicine to their diverse personal duties and are guiding us through these complicated days of changing social patterns. We are most grateful to the Bishops of the country who have appointed these interested and qualified men to guide us. We thank the Hierarchy of America for their interest in us and our problems.

We sincerely appreciate the many Guilds who participate in our deliberations and whose representatives make up our Executive Board. We particularly appreciate the work of the many small Guilds with limited memberships who are carrying on such active programs in many isolated areas. Their activity makes our large city Guilds feel humble in acknowledging the dedicated work of these small groups of Catholic physicians.

We are thankful to the lay men and women who have assisted our Guilds, particularly Mrs. Alexandra Dillon, Miss Madeleine McGregor, and our present secretary, Miss Jean Read, who have given and are giving so unstintingly of their time and thoughts for our welfare. These women and many others serving in secretarial capacities to the various groups have, I believe, a deeper sense of the real significance of our purpose than many of our physician members. We are most grateful to them in a very special way.

And withal we humbly thank God for our Faith, which unites all of us. It is the same Faith that motivated our founders, the same Faith that stimulates our activities of today, and the same Faith that will rule our successors as younger men and more energetic Catholic doctors carry our Federation into the quarter centuries of the future.



The New Orleans Catholic Physicians' Guild can rightly boast of an exemplary member. Narcisse F. Thiberge, M.D., Ph.B., Professor Emeritus in Allergy, Louisiana State University, has been a long-time champion of the aims and ambitions of the Federation. His frequent attendance at the Executive Board meetings and participation in the deliberations of the sessions moved the unanimous election of Dr. Thiberge to the office of Honorary President. The honor was bestowed at the winter meeting, 1953.

Dr. Thiberge salutes the Federation on its 25th Anniversary.

The Thomas Linacre Award

Announcement of the first **Thomas Linacre Award** is officially made. Roy J. Heffernan, M.D., F.A.C.S. and William A. Lynch, M.D., are the recipients. Their joint effort entitled "Is Therapeutic Abortion Scientifically Justified?" has been judged best by a special Editorial Board appointed to review the articles written by Catholic physicians and published in THE LINACRE QUARTERLY during the past five years.

The content of the article which appeared in the February 1952 issue of the journal, exerted wide influence and did much to promote the interests of THE LINACRE QUARTERLY in its efforts to advance ethical principles in medical practice.

Both recipients are practicing physicians in Boston and are members of the Guild of St. Luke.

The Award presentations will be made at the Dinner meeting of the Silver Jubilee celebration observing the 25th Anniversary of the Federation being held at the Waldorf-Astoria Hotel, on June 5.

The Burial of Fetuses

Rev. Thomas E. Simons

James P. Quindlen, M.D.

FROM the time that the body of Jesus Christ was placed in a tomb to await His Resurrection, Holy Mother Church, has considered the burial of the members of His Mystical Body a serious and sacred act. In her legislation the Church requires that consecrated areas be set aside (Canon 1205) and securely guarded (Canon 1210) for the burial of the faithful, who in life were the temples of the Holy Ghost and who in death await their own resurrection from the dead. Canon 1203 of the Code of Canon Law clearly states the mind of the Church: "The bodies of the faithful must be buried and their cremation is condemned." This is the norm. Legitimate exceptions to this rule require a serious reason; e.g., the requirements of public health in time of pestilence.¹

In the course of time cremation has also assumed an anti-Christian and heretical significance. Cremation is one of the indirect methods used in propagating materialism. It has been employed as an expression of contempt for the dignity of the human person and for Christian belief and hope in the resurrection of the body. The rever-

ent regard for a human being in life, or of his remains in death, is of the essence of Christianity. This reverent regard for a human being is something which is not restricted by his age, such as to the period only after his birth, or only after the age of reason, or only when he is an adult. There is Christian regard for a human being from the very first moment of his existence. And where an immortal soul is present, there is a human being who has an inviolable right to be so respected and so regarded by every other human being.

This article has particular reference to the burial of those human beings who die during the course of their uterine existence. They may be variously referred to by medical authorities insofar as they distinguish between ovum, embryo, fetus, and stillborn. In Pennsylvania the term "fetal death" has replaced the term "stillbirth" which was formerly used. (Act. 66, 1953 Penna. Legislature.) On p. 3 of this new Health Act "fetal death" is defined as follows: "Fetal death means the expulsion or extraction from its mother of a product of conception after sixteen weeks gestation, which shows no evidence of life after such expulsion or extraction." To a limited extent the terminology of the Pennsylvania Health Act in this regard follows the definition of "fetus" which is

¹ "It is the ordinary practice of cremation that is forbidden. For serious reasons, especially such as involve the public welfare, the Church allows cremation in particular cases." Abbo-Hannan, *Sacred Canons*, Vol. 2, p. 471.

employed in canonical jurisprudence. We say "to a limited extent" because there is evidence here of a time limit, namely, "after sixteen weeks gestation." In canonical jurisprudence, fetus is referred to as "the product of conception at any and all stages of uterine existence, hence from the very moment of conception onward."²

Since a fetus is an integral human being, there is then no doubt as to the obligation of burial when a so-called "miscarriage" occurs.³ The moral obligations in this matter may be summarized according to the *Ethical and Religious Directives for Catholic Hospitals*⁴ as follows:

n. 60. The normal manner of disposing of a dead fetus, regardless of the degree of maturity, is suitable burial. A fetus may be burned only if sanitation or some similarly serious reason requires it. In exceptional cases, there is no objection to retaining a fetus for laboratory study and observation; but it should not be preserved in its membranes unless it is so obviously dead that baptism would certainly be of no avail.

(Note: It is imperative that all who are concerned with the disposal of a fetus should know and observe pertinent prescriptions of civil law. If there seems to be a conflict between the provisions of civil law and the instructions given here the matter should be referred to the hospital authorities for clarification.)⁵

There are certain difficulties connected with the burial of fetuses. These difficulties are of concern to cemetery and hospital administrators, physicians, and primarily, parents. A very practical difficulty in Pennsylvania was eliminated through the cooperation of the State Health Department. The difficulty was due to

the fact that a cemetery could not accept remains for burial without a burial permit. It is not customary for the Bureau of Vital Statistics to issue such a permit unless a physician's death certificate is presented; and legally physicians have no obligation to issue a death certificate for those fetuses which are dead prior to sixteen weeks gestation. This difficulty was brought to the attention of the Department of Health in Harrisburg, and a ruling was obtained on February 20, 1956 to the effect that in such cases a burial permit would not be necessary. The Health Department also advised all local State Registrars concerning this matter.⁶

Catholic hospital administrators normally do not have a problem in this matter. They are familiar with the Church's teaching, and have regard for the human person. A recommended and practical Cath-

² *The Jurist* 7 (July, 1948) 307.

³ The most important consideration at such a time is the conferring of the Sacrament of Baptism. Attention is called to "An Instruction on Baptism" by Gerald Kelly, S.J. in *Medico-Moral Problems*, I, p. 48, published by The Catholic Hospital Association of the United States and Canada, St. Louis 4, Mo.

⁴ Published by the Catholic Hospital Association of the United States and Canada, St. Louis 4, Mo. (Second Edition, Nov. 1955)

⁵ In doubt concerning such reasons, hospital administrators should also have recourse to competent canonical and theological authorities.

⁶ Some such similar period is almost universally followed by various State Health Departments. This is purely an administrative ruling and not intended to define or delimit the morality involved. Secular references to "disposal" of fetuses by no means reflect, nor are they consistent with, Catholic teaching.

olic hospital procedure would be somewhat as follows:

1. All fetuses are baptized conditionally, unless it is definitely known that they have been dead for sometime; that is, days, weeks, or months; or, if the fetus is macerated.

2. Although parents have the responsibility of arranging for the burial of fetuses, the hospital usually assumes the responsibility in charity.

3. Signs of viability are recorded on the baby chart.

4. All fetuses are sent to the laboratory. Those that are baptized are so indicated and kept in a fitting container. The unbaptized are kept in a separate container. Periodically, a funeral director buries the fetuses in a Catholic cemetery. The funeral director is provided with a statement concerning the baptism of those who should be buried in consecrated ground.⁷

Catholic hospital administrators are also familiar with the Church's regard for the human person as revealed by the directives concerning the burial even of amputated members of the body. On this point ecclesiastical documents, text books, and Catholic periodicals are very clear concerning the decent burial of major amputated parts. If such is true concerning *members* of the body, it would be stating the obvious to emphasize again the im-

portance of burial for an integral human being, since a ruthless disregard for a human being even in its fetal form by effecting its dissolution in either incinerator or commode is to be *condemned*.

A study of birth statistics in the city of Philadelphia reveals that approximately only one half of Catholic births in hospitals occur in Catholic institutions. It is reasonable to suppose that in smaller communities where Catholic hospitals are in the minority the percentage of deliveries for Catholics is even less. Indications, therefore, are that the proportion of fetal deaths over which a Catholic hospital could legitimately exercise moral supervision for burial is not very great. The really small percentage of Catholic hospital supervision in this matter is further indicated by the fact that according to reputable medical authorities approximately ten to twenty per cent of pregnancies terminate in fetal abortion. This figure does not include estimates of "criminal" and of so-called therapeutic abortions.

When one considers the ultimate disposition of all fetal remains, regardless of period of gestation, actually only a very small percentage is being buried. Of the earlier gestation group, aborted at home, few are consigned to Catholic cemeteries. When the abortion occurs in the non-Catholic hospital, the fetus is usually sent first to the laboratory for examination and afterwards is disposed of, along with other pathological specimens, by means of incineration.

Even the late abortion, the premature or the full term so-called

⁷ Hospital administrators normally have no difficulty in making these arrangements with a local funeral director. Where special difficulties exist they may appeal for advice and help to the Diocesan authorities and St. Vincent de Paul Conferences.

stillborn, is generally sent to the department of pathology. In Pennsylvania, in this latter group of pregnancies terminated after 16 weeks gestation, the parents, by signing a release or "disposal slip" automatically relinquish their right to the body and it then becomes the property of the State Anatomical Board. The Board may authorize an autopsy, or may designate the use of the body for some scientific research. When no longer needed, the remains are cremated.

Many doctors and nurses in these hospitals are of the erroneous opinion that "disposals" are autopsied and that the remains are buried in a cemetery by a funeral director under contract to the State. The bereaved parents are emotionally distraught and such expressions as: "You've never known the baby in life; why have a grave for the mother to visit and grieve over?" or "The baby will be suitably buried," have a telling effect. Believing that the purchase of a grave and funeral director's charges may be an expensive addition to their increasing financial worries, they may readily acquiesce to what seems like the logical thing to do.

As for the expenses of fetal burials, they are largely imaginary and over-rated. Catholic cemetery facilities are available without charge for Catholic families usually through the request of one's pastor in cases of financial stress. Funeral directors too usually are willing to be helpful at such a time. Since one would normally consult his pastor, if the miscarriage occurs at home, it is advisable to request

his counsel concerning a funeral director and cemetery. In order to keep expenses at a bare minimum, funeral directors generally agree that fetal remains can be placed in a container with absorbent cotton and saturated with cavity fluid. With parental approval the fetus may then be kept in his establishment until the funeral director can conveniently bring the remains to a cemetery for burial.

Although the national trend is toward more and more hospital care, most early abortions occur at home. The responsibility for baptism and burial devolves upon the parents. However, it is the physician to whom they look for guidance, particularly the general practitioner and the obstetrical specialist. Any doctor might easily be confronted with an abortion, but it is the general practitioner to whom most parents turn at the slightest sign of trouble whether he is an obstetrician or not. He is in a position to advise them tactfully regarding the baptism and burial.

Recently in the Philadelphia Family Life Bureau's pre-marital instructions course, provision was made in the physician's talk to inform the young couples concerning the manner of identifying, baptizing, and burying an expelled fetus. Time does not permit during the instructions for lengthy and elaborate discussion regarding the physiology of abortion, etc. Furthermore, when dealing with large groups varying intellectually and emotionally, the aim is to avoid emphasis on the pathology of pregnancy. An attempt is made to tell the couples briefly how to dif-

ferentiate between blood clot and tissue; the appearance of a fetal sac, how to open it in a container of water, and how to recognize an embryo or fetus. The proper method of baptizing and burying fetal remains is then explained by the priest moderator, who shares the program and collaborates with the physician.

In any event, Catholics have a serious responsibility to follow the directives of the Church regarding burial. No attempt is being made to enjoin those who are not Catholics regarding burial of their offspring. However, the cooperation of non-Catholic physicians and hospitals is earnestly to be desired where Catholic patients are being treated. The personnel, even non-Catholic employees, in some of these hospitals frequently have misgivings concerning what they consider a ruthless disregard for a human being. Once this matter is tactfully called to the attention of hospital administrators, there is good reason to believe that Christian regard for the human person will include not only the fetal offspring of Catholic parents but of non-Catholic parents as well.

Many non-Catholics are instinctively in accord with the high regard for the burial of fetal offspring maintained by the Church. They realize that this tiny product of their union is their own flesh and blood. They are anxious, if it would be at all possible, to have their offspring baptized, for they also believe that baptism is necessary for the supernatural life of union with God in heaven. And it

would be taking entirely too much for granted to conclude that they are not interested in providing decent burial.

In no small way the Catholic hospital can teach the correct moral procedure in this matter; first of all, by word in its training courses and staff meetings, and secondly, by example in its methods of practicing what it teaches. Particularly with the cooperation of its medical staff the Catholic hospital will be able to exercise an influence beyond the sphere of its service, if for no other reason than to prevent some of the heartaches and remorse of conscience which afflict many mothers whose fetal offspring went into an incinerator or commode.

Correct hospital procedure and good moral advice by physicians concerning the respect due even the remains of fetuses will be a challenging rebuke to some of the degrading materialistic practices so common in our time. Catholic hospitals, Catholic physicians, and Catholic personnel in other hospitals working together in upholding the dignity of the human person even in its fetal form will give expression to our belief and hope that being buried as members of Christ's Mystical Body, we shall with Him one day also rise glorious and immortal from the dead.

Father Simon's interest in this subject is asserted because of his association as Director of Diocesan Cemeteries of Philadelphia. Dr. Quindlen is an Associate in Obstetrics and Gynecology, Temple University Medical Center.

Doctor's Duty to Speak

T. Raber Taylor, A.B., LL.B.

Mr. Taylor, a frequent contributor to the ROCKY MOUNTAIN MEDICAL JOURNAL, was invited to address the Medical Staff of St. Joseph's Hospital, Denver, Colorado, at their annual meeting in January. We believe his remarks will interest all of our LINACRE QUARTERLY readers.

IT WOULD not be expected that a practicing attorney discuss medical questions. There are, however, legal concepts governing the relations of physician and patient that can be enumerated with profit.

Let us recall a few basic legal principles affecting the practice of medicine related to an ever timely problem — when does the word of the doctor or his silence help or injure his patient? We are not considering here the frequently and extensively treated question of medical secrecy — the doctor's ethical and legal obligation to his patient not to disclose to others information confided to him. Let us focus our attention on the problems arising from the practice of his profession with the help of speech or keeping silent.

Before the birth of Christ, the artful use of speech or its opposite — silence — and the proper amount of each challenged the physician. Publius Syrus, a Roman Advocate, when counseling physicians and others, set forth these maxims: "I have often regretted my speech; never my silence. Keep the golden mean between saying too much and too little." Conscious of such good counsel, most

of our doctors strive to keep the golden mean. They strive to observe their professional ethics to "neither exaggerate nor minimize the gravity of a patient's condition." They seek to assure themselves that their patients have such knowledge of their condition as will serve the best interests of the patient and his family. (Chapt. 2, Sec. 3 — Prognosis, *Principles of Medical Ethics*, 1955 Edition)

Other doctors, however, have treated their patients behind the dark shield — "what they don't know won't hurt them" or "ignorance is bliss." This dark shield has been examined by the American Medical Association in an opinion - sampling survey and by others in several popular and professional articles. The A.M.A. survey reported that many people, 46 per cent of the laymen and 47 per cent of the medical profession, complained that most physicians are not frank enough with their patients. Last summer the *U. S. News and World Report* article asked, "Should Doctors Tell All?"¹ The *Saturday Evening Post* article answered, "Doctors Should Tell

¹ *U. S. News and World Report*, July 13, 1956, p. 104.

the Truth."² In his inaugural address, Dr. Dwight H. Murray, President of the A.M.A., met the charge that doctors do not tell the truth to their patients. He urged them to take a new approach. "The patient," he said, "has a right to know."

A few physicians continue their accustomed non-disclosure. They believe that frankness with patients is dangerous. They point out the danger to the patient who, if he knows all, may lose his will to live when he hears he is seriously ill. Another mentioned danger is telling too much to the patient who lacks the emotional stability to take bad news. Some doctors say that distraught individuals, on learning the blunt truth, have committed suicide.

Long before the A.M.A. opinion survey doctors, moralists, and lawyers have been thinking and writing about the duty to speak. To mention a few, Dr. Charles C. Lund of the Harvard Medical School has an excellent article entitled "The Doctor, the Patient and the Truth."³ Father Gerald Kelly, S.J., known to many of you as the author of the booklets *Medico-Moral Problems*, includes in this series an excellent chapter, "Should the Cancer Patient Be Told?"⁴ The most extensive legal study has been made by Hubert Winston Smith, M.D., LL.B., and professor of legal medicine, first at Harvard Medical School, and later at the University of Illinois. His work is entitled, "Therapeutic Privilege to Withhold Specific Diagnosis from Patient, Sick with Serious or Fatal Illness."⁵

The question is asked, "Is there a legal duty to be frank with patients?" The legal answer, like most medical answers, is not an unqualified one. Doctors seek from lawyers an automatic rule - of - thumb legal prescription. At the same time, the doctor is conscious that a specific prescription to serve the patient's best interests is usually required in medicine.

The legal prescription or answer depends upon the facts in each case. The cases, however, divide into two groups. In the first group are the patients with a curable or controllable ailment. In the second group are the patients whose illness is fatal.

How does the doctor usually decide when the law requires him to speak and when to be silent? A review of our fundamental law will give a general guide and answer. Such a review can properly begin with our Declaration of Independence. It expresses the first and fundamental principles of our law. It is the beginning and source of medical law. The principles are found in these familiar words:

We hold these Truths to be self-evident, that all Men are created equal; that they are endowed by their Creator with certain inalienable Rights, that among these are Life, Liberty, and the Pursuit of Happiness. That to secure these Rights, Governments are instituted among Men, deriving their just powers from the Consent of the Governed; . . . "

² *Saturday Evening Post*, June 16, 1956, p. 23.

³ 19 Tenn. L. Rev., 344, April 1946.

⁴ Gerald Kelly, S.J., *Medico-Moral Problems*, II, 7, The Catholic Hospital Association, St. Louis 4, Mo.

⁵ 19 Tenn. L. Rev., 349, April 1946.

We see here the three key philosophical and ideological concepts—

First, All men are created and endowed by their Creator with inalienable rights.

Second, Man's right to life is Creator endowed.

Third, Consent is given to Government to secure this right to life.

These concepts indicate that physicians, like government, are to make secure man's right to life. And, like government, physicians derive their authority from man's consent. The doctor receives his authority, if any, from the patient's consent and desire to secure his inalienable rights. These rights are: to have life, to have necessary care, and to ask others to see to his welfare. These rights the patient receives directly from the Creator, not from another man, or a staff of men, nor from the State, nor from any political authority.

The right of the physician to treat requires the prior consent of the patient. Consent means *with knowledge*. The law imposes an obligation on the patient, *once he has chosen his doctor*, to give full information and a full opportunity to the doctor to treat the case. On the other hand, the law imposes on the physician a two-fold personal duty: (1) to explain to his patient the general purpose, extent, and risks, if any, of the prescribed treatment or operation, and (2) to be reasonably certain the patient understands and then freely consents. The law will find the physician breaching his duty if he obtains the patient's consent to

treatment or operation by concealment or half-truths.

For the treatment of a curable or controllable ailment, however, not only is the patient's consent needed, but the patient's intelligent cooperation is, for his best interests, necessary for successful therapy. The physician knows best how true this is in the case of the cardiac, the diabetic, the epileptic. The doctor has an obligation to instruct the patient in some detail as to the nature of the ailment and the precautions and the regimen which must be followed. The law finds that a doctor breaches his duty when he fails to give the patient proper instructions as to the care and attention calculated to effect a cure. (*Beck v. Klinck*, 78 Iowa 696.)

This rule of law does not mean that the doctor must explain all the details of his diagnosis and share them with the patient. The guiding rule of law, as well as medicine, is to use speech and silence just so far as they help the patient. Frequently there are details of a diagnosis or a prognosis that need not be disclosed, either because they would be of no particular benefit, or because through misunderstanding or exaggerated anxiety on his part, the words would injure more than do good. A doctor's anxious face and evasive silence can also injure. In every case the physician has the responsibility of prescribing the measure of speech and silence that will be for the best interests of the patient and his family.

The law imposes on the physician the duty of acting with the

utmost good faith toward the patient. If the doctor knows he cannot accomplish a cure or that treatment adopted will probably be of no benefit or of little help, he must so advise the patient. (Logan v. Field, 75 Mo. app. 594.) In a recent case a doctor has been held liable to a patient for costly deception by holding out false hopes of recovery which induced the patient to undergo expensive treatments he should have known were useless.

The second group of cases involves speech and silence with the patient fatally ill. In abiding by medical staff constitutions and by-laws, the physician is bound to give his moribund patient every benefit possible. This obligation is summarized in the *Ethical and Religious Directives for Catholic Hospitals*.⁶ Directive 7 reads:

Everyone has the right and the duty to prepare for the solemn moment of death. Unless it is clear, therefore, that a dying patient is already well-prepared for death, as regards both temporal and spiritual affairs, it is the physician's duty to inform, or to have some responsible person impart this information.

Different words have been used by lawyers when they express what is summarized in this directive. Louis J. Regan, legal adviser to the California State Medical Society and frequent contributor to the *American Medical Association Journal*, in his booklet *Malpractice and the Physician*,⁷ says:

It is extremely doubtful that a physician has a therapeutic privilege to withhold a specific diagnosis from a patient who is sick with serious or fatal illness. To the contrary, the confidential rela-

tionship requires in ordinary circumstances that the physician make a frank and full disclosure of all the pertinent facts to any adult and mentally competent patient.

Hubert Winston Smith, M.D., LL.B., in his work on "Therapeutic Privilege to Withhold Specific Diagnosis" tells us:

There is another principle to be borne in mind from a legal point of view: in all such cases, the physician should make it a practice, wherever possible, to communicate the true facts immediately to near relatives. This will enable special arrangements to be made in respect to financial affairs, property matters or family dispositions, almost as effectually as if the individual himself knew the truth. Finally, it would seem that the attending physician, in late stages of such a malady, should do what he can to assure the patient of a chance to make a last will and testament and to have the solace and comfort of religious ministrations.

Again we are confronted with the practical question, how much speech and silence must be prescribed for a patient suffering from a fatal illness? The patient has a right to know the truth. All lawyers will agree that a doctor may not breach his duty to his patient through deceit or a lie. The doctor's duty to tell the patient of his critical condition so he can put his worldly and spiritual affairs in order does not require the doctor to disclose all of the diagnostic data in detail, nor to tell him the precise nature of his illness. A doctor may reasonably presume that a patient does not desire knowledge which would injure rather than help, but the doctor may not rely upon this presumption contrary to the patient's known desire for full knowledge.

Dr. Dwight Murray and many other physicians and surgeons believe that the vast majority of

⁶ Second Edition, Catholic Hospital Association, St. Louis 4, Mo.

⁷ J. A. M. A., 147, 54-59, Sept. 1, 1951.

people have the emotional stability to take the shock of bad news. In their professional experience they have found that withholding information may cause the patient greater worry than knowledge of the truth. Dr. Lund tells us, "Almost always it does more good than harm to tell the patient who is in a hopeless situation the truth about his prospects. This must always be done gently, and perhaps indirectly." He further tells us that a question to the patient as to whether he would like to see his clergyman or to make his will is usually sufficient. Following such a suggestion, the patient often asks

a direct question and is entitled to a direct answer.

A patient's knowledge of a fatal illness may depress him to a point of attempted suicide. However, Dr. Walter Alvarez of the Mayo Clinic reports, "In forty-odd years of practice I cannot remember anyone's committing suicide because I told him the hopeless truth. Instead, hundred of persons thanked me from their hearts and told me I have relieved their minds."

MR. TAYLOR IS A FREQUENT CONTRIBUTOR TO THE LINACRE QUARTERLY. HE IS A DENVER ATTORNEY, MALPRACTICE DEFENSE COUNSEL FOR UNITED STATES FIDELITY AND GUARANTY COMPANY; LECTURER, MEDICAL-LEGAL PROBLEMS, UNIVERSITY OF COLORADO SCHOOL OF MEDICINE.



Book Review

Fundamental Marriage Counseling: A Catholic Viewpoint

John R. Cavanagh, M.D.

Review by

John L. Thomas, S.J.
Assistant Director,
Institute of Social Order
St. Louis University

Married couples have probably always had their share of problems, but our growing divorce rate indicates that an increasing number of Americans are encountering marital difficulties they apparently are unable to handle. The result has been a rapid growth in the field of marriage counseling. Although professional counselors are found in most of our major cities, the majority of marital problems are still dealt with by other professions. The present volume has been prepared to assist them.

Written by a practicing psychiatrist and nine distinguished contributors from other disciplines, its five sections deal quite competently with the biological, sexual, fertility, social, and religious aspects of marital relationships. Obviously, it does not pretend to supply a complete treatise in each of these areas; rather, it offers specialists the adequate information on related subjects which they will need in a marriage counseling situation.

Because the medical profession by its very nature tends to involve considerable counseling, doctors will find this a highly useful book in their practice.

Fundamental Marriage Counseling: A Catholic Viewpoint
Published by The Bruce Publishing Co., Milwaukee,
Wisconsin. 1957, xxiv + pp. 598, \$8.00.

BANQUET RESERVATIONS will be \$15.00 per person to include reception, dinner, dancing and gratuities. Tables seating ten may be reserved. Guilds, hospital staffs, and Catholic medical school alumni may wish to reserve tables together. Every effort will be made by the Committee on Arrangements to accommodate such groups. Guild or group representatives should advise the Chairman, Silver Jubilee Committee, as early as possible of their expected requirements.

Address inquiries to:

CHAIRMAN, SILVER JUBILEE COMMITTEE
DANIEL A. MULVIHILL, M.D.
FEDERATION OF CATHOLIC PHYSICIANS' GUILDS
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NEW YORK 22, NEW YORK

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TRAVEL ASSISTANCE AVAILABLE...

The well-known O'Scannlain & English Travel Service, 62 W. 46th St., New York 36, N. Y. has been appointed the official Travel Agency for the Jubilee Celebration of the Federation of Catholic Physicians' Guild in New York, June 5.

The Agency belongs to ASTA (American Society of Travel Agencies) and WATA (World Association of Travel Agencies), and consequently has excellent facilities for handling the Jubilee Celebration. It will arrange transportation for groups and individuals, to and from the Convention of the A.M.A. scheduled in New York City June 3-7, hotel accommodations, tours to Bermuda and the New England States, and other interesting places, and excursions in New York City and vicinity.

Mr. Jack Lampe will be in charge of the Agency's arrangements for the Jubilee Celebration. He will cooperate closely with the Jubilee Committee in order to give the Guild members maximum service. We urge you to inform Mr. Lampe as early as possible as to their service requirements. The Agency and Jubilee Committee will mail further information regarding plans for the Jubilee Celebration.



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